



WASHINGTON STATE HIV SURVEILLANCE REPORT 2nd QUARTER 2008

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Publication Schedule: This report reflects events occurring through December 31, 2007 and reported by June 30, 2008, unless otherwise stated. Quarterly reports are published four times a year.

To receive a copy of this report, send an email request to: HIV_surv@doh.wa.gov

HIV IN WASHINGTON STATE: AN OVERVIEW

- In Washington state, the first case of acquired immune deficiency syndrome (AIDS) was diagnosed in 1982.
- Since the beginning of the epidemic, over 16,000 people have been diagnosed with HIV infection in Washington.
- In recent years, HIV incidence has been stable. During 2002-2006, new HIV diagnoses averaged 567 per year.
- Since highly active antiretroviral therapy (HAART) became widely available in 1996, both AIDS diagnoses and AIDS deaths have declined significantly.
- The total number of people living with HIV or AIDS in Washington state increases about 5% each year.

Figure 1. Average HIV rates by county, 2002-2006

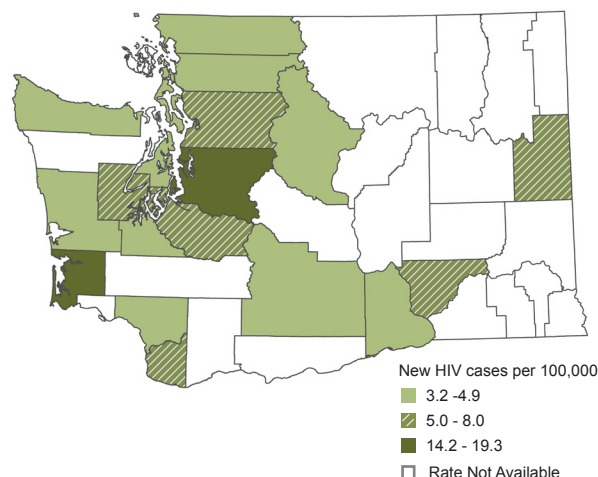


Figure 2. New HIV diagnoses, AIDS diagnoses, and deaths from AIDS in Washington State, 1997-2006

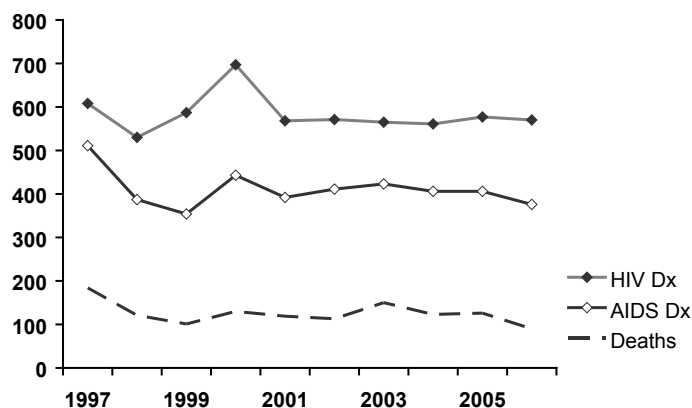
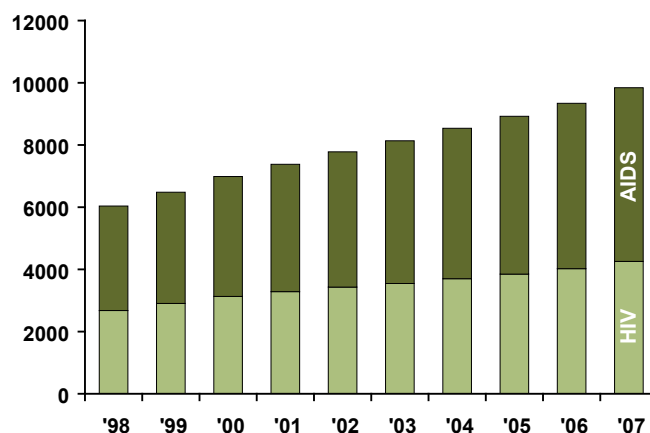


Figure 3. Prevalence of HIV and AIDS in Washington state, 1997-2006



DEVELOPMENTS

New method provides clearer picture of recent HIV infection

On August 3rd, the Centers for Disease Control and Prevention (CDC) announced the use of an innovative method to estimate new HIV infections in the United States, providing the clearest picture to date of the leading edge of the nation's epidemic. According to the new estimate, approximately 56,300 people became infected with HIV in 2006. Using this new method and based on national data, the CDC estimates that 700 people in Washington state were newly infected with HIV in 2006.

The new estimate is based on a sample of people tested for HIV and that sample is used to understand recent HIV infection among the general population. In order to arrive at the new estimate, the CDC incorporated a lab test that distinguishes between recent and long-term infection. Washington has been participating in statewide incidence surveillance since 2005.

Nationally, data confirm that the most severe impact of the HIV epidemic is on gay and bisexual men of all races as well as black men and women.

For Washington state, estimates of recent HIV infection in specific populations are not yet available. State health department staff will be trained in the next couple of weeks by CDC on how to apply the statistical methods to local data. After the training, estimates based on Washington data (rather than national data) and descriptions of Washington state populations most recently infected with HIV will be made available to public health partners and others.

Incidence surveillance is just one component of a comprehensive HIV surveillance system. We will continue to collect information on those individuals diagnosed with HIV and AIDS and describe them in the pages of this report. As we continue to collect data related to new HIV infections, we will include them in future issues.

Routine surveillance activities affect state and local case counts

HIV/AIDS surveillance activities at the local and state level provide the basis for statistical information that is used for various health care planning and disease prevention purposes, including funding decisions. All states and territories follow the same federal surveillance rules, which are designed to ensure each reported case of HIV disease is only counted in one state or territory. Quality assurance measures include routine inter- and intrastate duplicate review, as well as matching surveillance data against state and national death registries.

The State Department of Health (DOH) performs monthly intrastate duplicate reviews of HIV/AIDS surveillance data based on name, any known aliases, and birthdate. These reviews attempt to determine if any individual cases have been reported more than once within the state. Similarly, the Centers for Disease Control and Prevention (CDC) performs its own duplicate review at the national level. Approximately once every six months, CDC conducts interstate de-duplication reviews based on Soundex code*, birth date and gender.

DOH Center for Health Statistics. Additionally, all deaths in Washington state are matched annually against all reported HIV/AIDS cases in an effort to capture deaths of cases that were not HIV-related. Once every one to two years, the names and social security numbers of all reported HIV/AIDS cases are matched against a national death registry** in order to capture deaths that might have occurred in other states.

Although these activities improve the quality of surveillance data, de-duplication and death ascertainment activities also frequently cause decreases in the number of HIV/AIDS cases counted within a given geographic area. For example, in a county with 100 HIV-infected cases, interstate duplicate review may find that three cases were previously reported in another state. Hence, that county's prevalent case count would fall to 97. Likewise, a review of death registry data may show that two cases that were presumed living are actually deceased. Hence, the county's corrected case count would be 95.

For more information about HIV surveillance activities, contact Tom Jaenicke at (360) 236-3409 or tom.jaenicke@doh.wa.gov

* Soundex identification codes, rather than individual names, are reported to CDC and used as unique identifiers.

** We match against the Social Security Administration's Master Death File.

The vital status of reported cases is updated quarterly through the receipt of death certificate data from the

HOW HIV/AIDS SURVEILLANCE WORKS IN WASHINGTON STATE

Health care providers and facilities, laboratories and local health departments are required by law to report HIV- and AIDS-related information to local health departments or the State Department of Health according to the requirements listed below. Identifying and reporting on new cases of HIV infection allows for the reduction of the spread of the virus; it assures that newly infected persons receive care as early as possible, and that partners who have been exposed to HIV receive partner counseling and referral services. State and federal funding for HIV/AIDS disease control and care of infected persons is based on case numbers, which means that our state receives resources to slow the spread of the virus and to pay for needed HIV/AIDS care services when HIV/AIDS surveillance is complete, accurate and timely. Copies of the case report form can be found at the Department of Health website: <http://www.doh.wa.gov/notify/forms/>.

For federal funding purposes, all states and territories count HIV/AIDS cases in the same manner: an individual gets counted as an HIV case in the county in which he/she is residing at the time of his/her initial HIV diagnosis (not including a diagnosis made from an anonymous test). Once that person progresses to AIDS, he/she will then get counted as an AIDS case in the county

in which he/she is residing at the time of his/her AIDS diagnosis and will no longer be counted as an HIV case. This means that a county's HIV case count can actually go down over time if their HIV cases progress to AIDS in other counties. Additionally, states are continually working with each other to ensure that individuals are counted in only one state, so the case count for any individual county in Washington State could go down if we learn from another state that an individual from the county had an earlier diagnosis in the other state.

For epidemiologic and community planning purposes, it is often helpful to evaluate all cases of HIV and AIDS as being a part of one combined group: people who have been diagnosed with HIV disease. Hence, for most of this report, the assignment of newly diagnosed (or incident) HIV cases (including concurrent diagnoses of HIV and AIDS) to a specific geographic region is based on residence of the patient at the time of his/her initial HIV diagnosis. The assignment of prevalent cases to a specific geographic region is based on residence of the patient at the time of his/her most recent HIV or AIDS diagnosis.

HIV/AIDS Reporting Requirements:

REPORTING	ITEM TO REPORT	TIMELINE	TO WHOM
Health care providers	HIV or AIDS diagnosis	3 working days	Local health department
Health care facilities	HIV or AIDS diagnosis	3 working days	HIV to local health department AIDS to state health department
Laboratories	Positive Western blot	2 working days	State health department (PHSKC inside King County)
Laboratories	All CD4 count results (absolute and %); All HIV viral load results	Monthly	State health department (PHSKC inside King County)
Local health departments	HIV and AIDS	Within 7 days of completion or 21 days of notification	State health department

DEFINITIONS

Confidence interval (CI): A range of values for a measure that is believed to contain the true value at a specified level of statistical certainty (e.g., 95%). On the bar charts in this report, vertical lines with short horizontal lines at either end represent the 95% confidence interval for the point estimate represented by the bar.

Cumulative HIV/AIDS diagnoses: The number of cases of a disease reported or diagnosed in a specified time, regardless of current vital status. Cumulative cases include those who have already died.

Disease rate: A measure of the frequency of a disease compared to the number of persons at risk for the disease. Usually, the general population, rather than the population potentially exposed to HIV infection by various high-risk behaviors, is used as the denominator since the latter is unknown.

Exposure category: Cases of HIV disease are counted only once in a hierarchy of modes of transmission. Persons with more than one reported mode of transmission are classified in the transmission mode first in the hierarchy. The exception is men who have sex with men and inject drugs, which has its own category. Persons whose mode of transmission is classified as high-risk heterosexual contact are persons who report heterosexual contact with a person with, or at increased risk for, HIV infection (e.g., an injection drug user). Undetermined risk (No Identified Risk, or NIR) represents persons for whom transmission history is incomplete.

HIV diagnosis date: The earliest date (month and year) associated with a verifiable report of HIV infection. Verifiable reports include positive antibody tests, detectable viral loads,

positive antigens or cultures, or physician diagnoses, but not self-reported diagnosis dates, positive lab results from anonymous testing, or diagnosis dates from other states that remain unverified.

Incidence: The number of new cases of a disease that occur in a population during a certain time period, usually a year. For the purposes of HIV surveillance, "HIV incidence" refers to the number of newly diagnosed cases of HIV.

Late HIV diagnosis: Refers to anyone who is diagnosed with AIDS within 12 months of their initial HIV diagnosis.

New HIV diagnosis: Refers to anyone who is diagnosed with HIV in a given time period, regardless of disease status.

Prevalence: The total number of persons with a specific disease or condition at a given time. HIV prevalence data are generally presented as "persons living with HIV disease."

Reporting delay: The time interval between the date a case is diagnosed and the date the case is reported to the health department. Reporting delay has the most impact on the most recent year of diagnosis, since case reporting for this year is likely to be incomplete. For that reason, presentations of new HIV diagnoses include cases through 2006. Since additional case reporting will likely have little impact on the number or distribution of prevalent cases, presentations of these data include cases diagnosed through 2007.

DISEASE STATISTICS

Figure 4. HIV Rates by Year of HIV Diagnosis, Washington State, 1998-2006

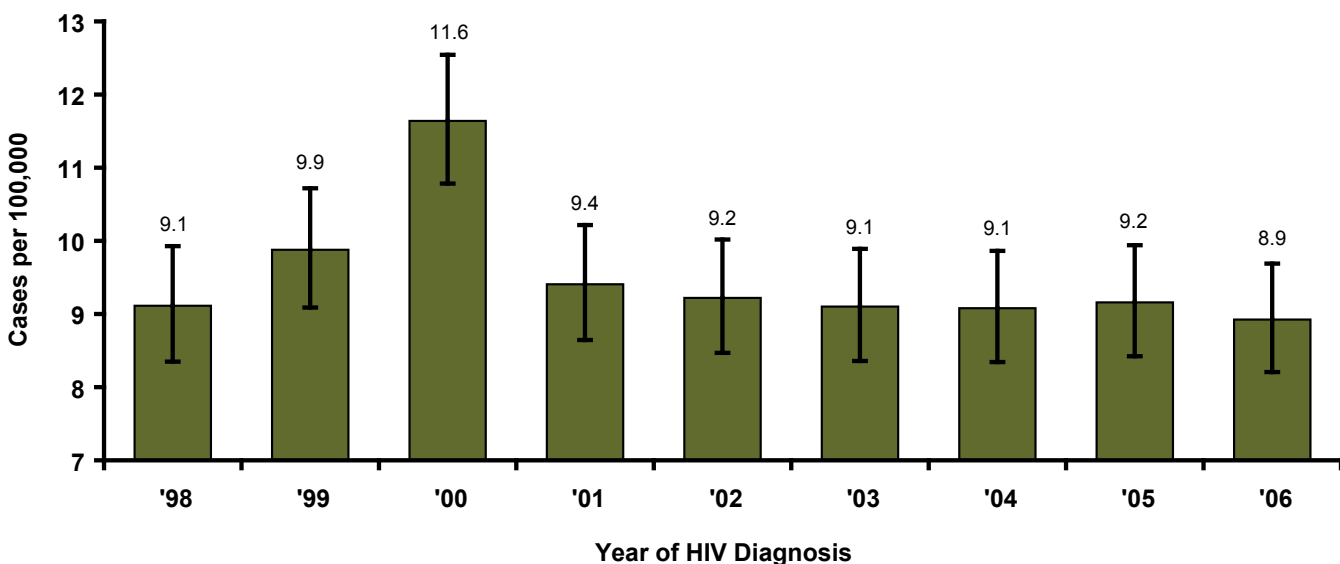


Table 1. HIV Diagnoses

Newly Diagnosed Cases of HIV Disease							Late HIV Diagnoses			
Year of HIV diagnosis:	2002 No.	2003 No.	2004 No.	2005 No.	2006 No.	2007 No.	2002-2006 No.	%	Rate	2002-2006 %
Total	571	565	561	577	570	610	2,844	100%	9.1	32%
Gender										
Male	484	477	471	495	484	509	2,411	85%	15.5	32%
Female	87	88	90	82	86	101	433	15%	2.8	33%
Age at HIV Diagnosis										
< 20	6	7	4	7	11	22	35	1%	0.4	14%
20 - 29	132	113	134	124	143	160	646	23%	15.1	17%
30 - 39	237	232	187	206	185	180	1,047	37%	23.3	32%
40 - 49	138	152	174	167	152	155	783	28%	15.8	37%
50 - 59	43	46	55	58	62	70	264	9%	6.5	45%
60+	15	15	7	15	17	23	69	2%	1.4	54%
Race and Hispanic Origin										
White, non-Hispanic	359	358	350	356	364	359	1,787	63%	7.2	29%
Black, non-Hispanic	114	103	100	109	90	120	516	18%	44.9	35%
Hispanic (All Races)	57	66	62	72	67	91	324	11%	12.3	38%
Asian	21	15	19	21	28	24	117	4%	5.7	44%
Hawaiian/Pacific Islander	4	4	1	3	5	3	117	4%	5.7	44%
Amer. Indian /Alaska Native	12	14	16	9	7	6	58	2%	12.3	40%
Multi-race / Unknown	8	5	13	7	9	7	42	1%	---	24%
Exposure category										
Male/Male Sex (MSM)	327	335	315	303	325	336	1,605	56%	---	27%
Injecting Drug Use (IDU)	59	43	53	43	42	31	240	8%	---	35%
MSM and IDU	52	37	38	55	39	44	221	8%	---	18%
HR Heterosexual Contact	83	80	68	66	57	44	354	12%	---	40%
Pediatric	0	1	1	0	2	2	4	0%	---	0%
Transfusion / hemophiliac	1	1	5	5	0	1	12	0%	---	50%
No Identified Risk/ Other	49	68	81	105	105	152	408	14%	---	47%

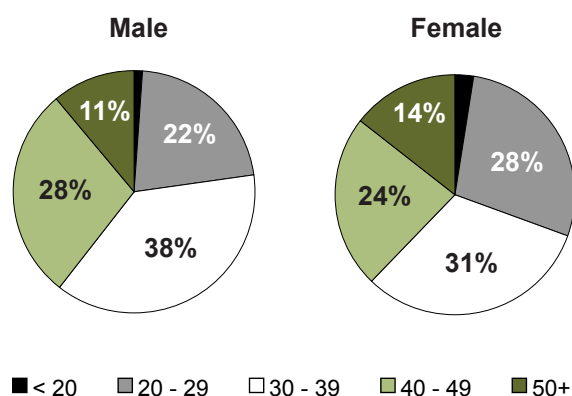
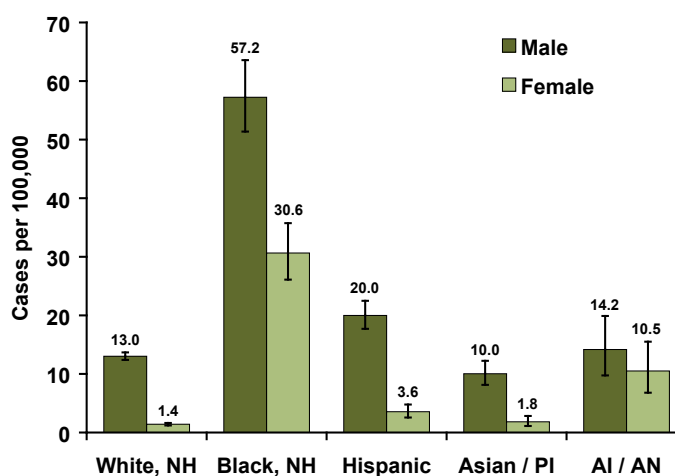
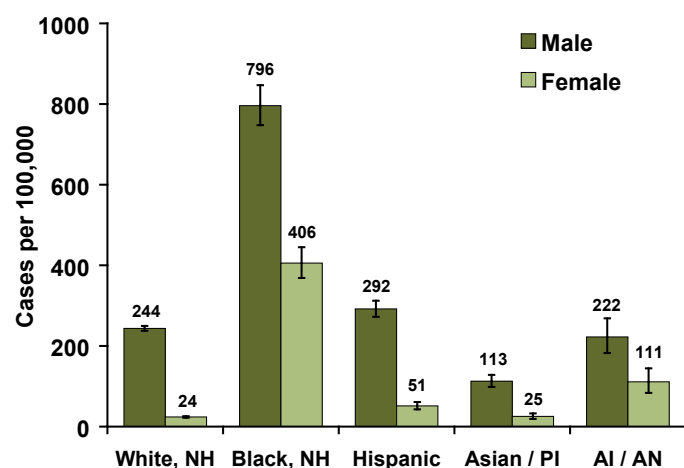
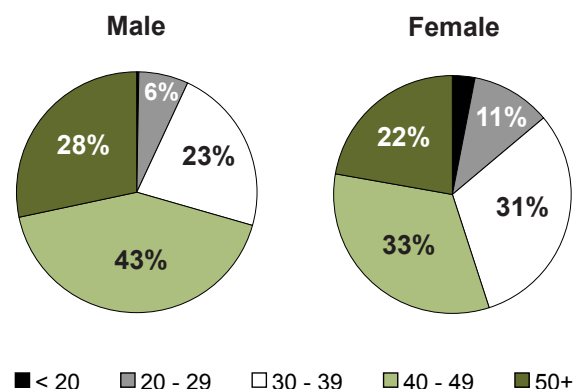
Figure 5. New HIV Diagnoses by Gender and Age at Diagnosis, Washington State, 2002-2006**Figure 6. New HIV Diagnosis Rates by Race/Ethnicity and Gender, Washington State, 2002-2006**

Table 2. People Living with HIV Disease as of December 31, 2007

	HIV (not AIDS)			AIDS			All Cases of HIV Disease		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
Total	4,256	100%	65.6	5,586	100%	86.1	9,842	100%	151.7
Gender									
Male	3,624	85%	112.1	4,897	88%	151.4	8,521	87%	263.5
Female	632	15%	19.4	689	12%	21.2	1,321	13%	40.6
Current age									
< 20	51	1%	2.9	21	0%	1.1	72	1%	4.1
20 - 29	505	12%	54.8	186	3%	20.2	691	7%	75.0
30 - 39	1,235	29%	139.9	1,111	20%	125.9	2,346	24%	265.8
40 - 49	1,581	37%	162.0	2,433	44%	249.2	4,014	41%	411.2
50 - 59	697	16%	77.8	1,405	25%	156.9	2,102	21%	234.7
60+	187	4%	17.6	430	8%	40.5	617	6%	58.1
Race and Hispanic Origin									
White, non-Hispanic	3,004	71%	57.9	3,878	69%	74.8	6,882	70%	132.7
Black, non-Hispanic	639	15%	270.5	813	15%	344.2	1,452	15%	614.7
Hispanic (All Races)	385	9%	71.4	584	10%	108.4	969	10%	179.8
Asian / Pacific Islander	124	3%	28.8	162	3%	37.6	286	3%	66.4
Amer. Indian /Alaska Native	58	1%	59.1	105	2%	107.1	163	2%	166.2
Multi-race / Unknown	46	1%	---	44	1%	---	90	1%	---
Exposure category									
Male/Male Sex (MSM)	2,721	64%	---	3,376	60%	---	6,097	62%	---
Injecting Drug Use (IDU)	308	7%	---	515	9%	---	823	8%	---
MSM and IDU	317	7%	---	510	9%	---	827	8%	---
HR Heterosexual Contact	423	10%	---	599	11%	---	1,022	10%	---
Pediatric	35	1%	---	15	0%	---	50	1%	---
Transfusion / hemophiliac	21	0%	---	58	1%	---	79	1%	---
No Identified Risk/ Other	431	10%	---	513	9%	---	944	10%	---

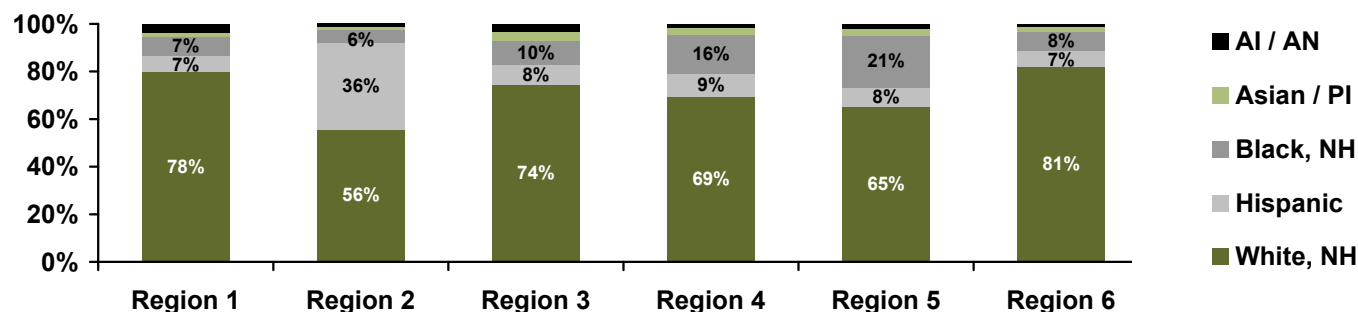
Figure 7. HIV Prevalence Rates by Race/Ethnicity and Gender, Washington State, End of 2007**Figure 8. People Living with HIV Disease by Gender and Current Age, Washington State, End of 2007**

**Table 3. People Living with HIV Disease as of December 31, 2007:
Exposure Category by Gender and Race/Ethnicity**

Exposure category	NH White		NH Black		Hispanic		Asian / Pacific Islander		American Indian/Alaska Native	
	No.	%	No.	%	No.	%	No.	%	No.	%
Males:										
Male/Male Sex (MSM)	4,786	77%	486	48%	551	66%	166	73%	54	50%
Injecting Drug Use (IDU)	347	6%	108	11%	64	8%	7	3%	16	15%
MSM and IDU	664	11%	59	6%	57	7%	7	3%	25	23%
HR Heterosexual Contact	131	2%	154	15%	55	7%	13	6%	7	6%
Pediatric	7	0%	10	1%	2	0%	2	1%	1	1%
Transfusion / hemophiliac	43	1%	3	0%	7	1%	1	0%	0	0%
No Identified Risk/ Other	278	4%	187	19%	104	12%	32	14%	5	5%
Total Males*	6,256	100%	1,007	100%	840	100%	228	100%	108	100%
Females:										
Injecting Drug Use (IDU)	170	27%	64	14%	12	9%	4	7%	26	47%
HR Heterosexual Contact	321	51%	205	46%	81	63%	30	52%	21	38%
Pediatric	10	2%	11	2%	5	4%	2	3%	0	0%
Transfusion / hemophiliac	7	1%	12	3%	3	2%	3	5%	0	0%
No Identified Risk/ Other	118	19%	153	34%	28	22%	19	33%	8	15%
Total Females*	626	100%	445	100%	129	100%	58	100%	55	100%

* 63 cases (56 male) were reported as belonging to more than one racial/ethnic group; race/ethnicity remains unknown for 27 cases (26 male)

**Figure 9. People Living with HIV Disease by AIDSNet Region and Race/Ethnicity
Washington State, End of 2007**



**Figure 10. People Living with HIV Disease by AIDSNet Region and Exposure Category
Washington State, End of 2007**

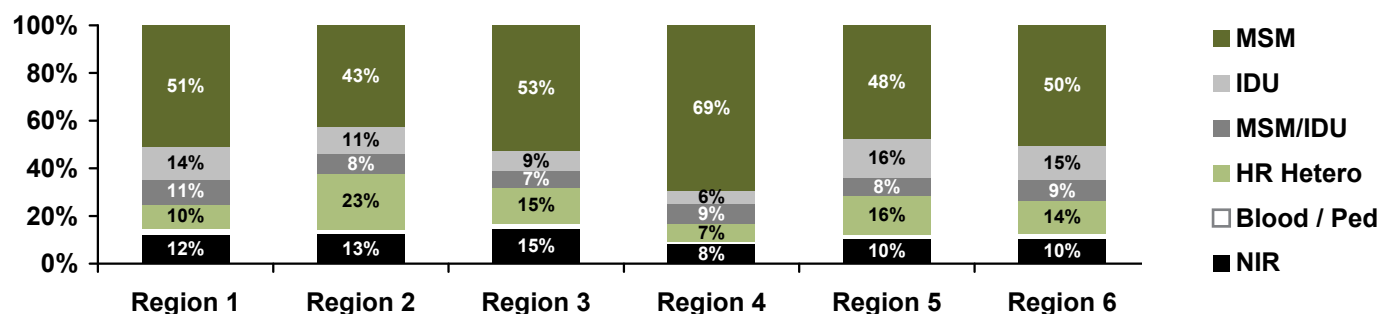


Table 4. HIV Diagnoses by AIDSNet Region and County

Year of HIV diagnosis:	Newly Diagnosed Cases of HIV Disease							Cumulative HIV Diagnoses			
	2002	2003	2004	2005	2006	2007	2002-2006		Rate	No.	%
	No.	No.	No.	No.	No.	No.	No.	%			
AIDSNet Region 1	30	28	36	28	30	40	152	5%	4.6	891	5%
Adams Co.	1	0	0	0	0	0	1	0%	---	6	0%
Asotin Co.	2	0	2	1	1	0	6	0%	---	20	0%
Columbia Co.	0	1	0	0	0	2	1	0%	---	7	0%
Ferry Co.	0	0	0	0	0	1	0	0%	---	8	0%
Garfield Co.	0	0	0	0	0	0	0	0%	---	1	0%
Lincoln Co.	0	0	1	0	0	0	1	0%	---	4	0%
Okanogan Co.	0	1	5	0	0	1	6	0%	---	34	0%
Pend Oreille Co.	0	0	0	0	1	0	1	0%	---	9	0%
Spokane Co.	23	23	27	23	25	36	121	4%	5.5	695	4%
Stevens Co.	2	2	1	1	1	0	7	0%	---	27	0%
Walla Walla Co.	1	1	0	1	1	0	4	0%	---	62	0%
Whitman Co.	1	0	0	2	1	0	4	0%	---	18	0%
AIDSNet Region 2	25	22	22	27	30	30	126	4%	3.8	583	3%
Benton Co.	8	2	0	2	8	5	20	1%	3.2	116	1%
Chelan Co.	2	2	3	5	4	3	16	1%	4.7	65	0%
Douglas Co.	0	0	0	0	0	2	0	0%	---	6	0%
Franklin Co.	5	5	5	6	2	3	23	1%	8.0	71	0%
Grant Co.	1	2	4	1	3	3	11	0%	---	46	0%
Kittitas Co.	1	1	1	3	3	0	9	0%	---	25	0%
Klickitat Co.	2	2	0	0	2	1	6	0%	---	16	0%
Yakima Co.	6	8	9	10	8	13	41	1%	3.6	238	1%
AIDSNet Region 3	40	49	55	67	59	63	270	9%	5.3	1,372	8%
Island Co.	3	6	2	0	2	2	13	0%	4.3	77	0%
San Juan Co.	0	0	1	0	1	1	2	0%	---	26	0%
Skagit Co.	2	4	7	6	5	3	24	1%	4.2	95	1%
Snohomish Co.	29	33	38	53	43	47	196	7%	6.0	958	6%
Whatcom Co.	6	6	7	8	8	10	35	1%	3.9	216	1%
AIDSNet Region 4 (King Co.)	363	359	343	327	327	325	1,719	60%	18.7	10,672	64%
AIDSNet Region 5	56	60	50	71	75	75	312	11%	6.4	1,802	11%
Kitsap Co.	9	10	10	9	14	9	52	2%	4.4	304	2%
Pierce Co.	47	50	40	62	61	66	260	9%	6.8	1,498	9%
AIDSNet Region 6	57	47	55	57	49	77	265	9%	5.5	1,421	8%
Clallam Co.	3	2	2	4	1	1	12	0%	3.6	74	0%
Clark Co.	32	25	25	28	20	43	130	5%	6.7	632	4%
Cowlitz Co.	7	3	4	2	6	5	22	1%	4.6	136	1%
Grays Harbor Co.	3	2	4	6	2	2	17	1%	4.9	81	0%
Jefferson Co.	0	0	1	0	3	1	4	0%	---	38	0%
Lewis Co.	0	1	1	0	4	1	6	0%	---	57	0%
Mason Co.	4	5	2	4	1	7	16	1%	6.3	101	1%
Pacific Co.	4	3	0	3	3	2	13	0%	14.2	31	0%
Skamania Co.	0	0	0	0	0	0	0	0%	---	7	0%
Thurston Co.	4	6	16	10	9	15	45	2%	4.0	261	2%
Wahkiakum Co.	0	0	0	0	0	0	0	0%	---	3	0%
STATEWIDE TOTAL	571	565	561	577	570	610	2,844	100%	9.1	16,741	100%

Table 5. People Living with HIV Disease by AIDSNet Region and County as of December 31, 2007

	HIV (not AIDS)			AIDS			All Cases of HIV Disease		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
AIDSNet Region 1	191	4%	26.9	303	5%	42.6	494	5%	69.5
Adams Co.	1	0%	---	4	0%	---	5	0%	---
Asotin Co.	2	0%	---	10	0%	---	12	0%	56.3
Columbia Co.	1	0%	---	2	0%	---	3	0%	---
Ferry Co.	1	0%	---	1	0%	---	2	0%	---
Garfield Co.	1	0%	---	0	0%	---	1	0%	---
Lincoln Co.	0	0%	---	2	0%	---	2	0%	---
Okanogan Co.	7	0%	---	17	0%	42.7	24	0%	60.3
Pend Oreille Co.	0	0%	---	3	0%	---	3	0%	---
Spokane Co.	162	4%	35.9	222	4%	49.2	384	4%	85.1
Stevens Co.	7	0%	---	6	0%	---	13	0%	30.2
Walla Walla Co.	6	0%	---	25	0%	42.9	31	0%	53.2
Whitman Co.	3	0%	---	11	0%	---	14	0%	32.8
AIDSNet Region 2	148	3%	20.8	234	4%	32.8	382	4%	53.6
Benton Co.	33	1%	20.3	51	1%	31.3	84	1%	51.6
Chelan Co.	17	0%	23.9	20	0%	28.1	37	0%	52.0
Douglas Co.	2	0%	---	1	0%	---	3	0%	---
Franklin Co.	21	0%	31.2	32	1%	47.5	53	1%	78.6
Grant Co.	9	0%	---	17	0%	20.6	26	0%	31.5
Kittitas Co.	4	0%	---	10	0%	---	14	0%	36.6
Klickitat Co.	7	0%	---	3	0%	---	10	0%	---
Yakima Co.	55	1%	23.5	100	2%	42.7	155	2%	66.2
AIDSNet Region 3	342	8%	31.5	511	9%	47.1	853	9%	78.7
Island Co.	15	0%	19.1	28	1%	35.7	43	0%	54.8
San Juan Co.	6	0%	---	8	0%	---	14	0%	88.1
Skagit Co.	23	1%	19.9	29	1%	25.2	52	1%	45.1
Snohomish Co.	243	6%	35.4	369	7%	53.8	612	6%	89.2
Whatcom Co.	55	1%	29.2	77	1%	40.9	132	1%	70.1
AIDSNet Region 4 (King Co.)	2726	64%	146.5	3452	62%	185.5	6,178	63%	331.9
AIDSNet Region 5	476	11%	46.0	570	10%	55.1	1,046	11%	101.0
Kitsap Co.	76	2%	31.0	104	2%	42.5	180	2%	73.5
Pierce Co.	400	9%	50.6	466	8%	59.0	866	9%	109.6
AIDSNet Region 6	373	9%	34.4	516	9%	47.6	889	9%	82.0
Clallam Co.	20	0%	29.2	22	0%	32.1	42	0%	61.3
Clark Co.	183	4%	44.1	218	4%	52.5	401	4%	96.6
Cowlitz Co.	39	1%	39.9	43	1%	44.0	82	1%	83.8
Grays Harbor Co.	15	0%	21.2	30	1%	42.4	45	0%	63.6
Jefferson Co.	12	0%	42.0	9	0%	---	21	0%	73.4
Lewis Co.	8	0%	---	18	0%	24.3	26	0%	35.1
Mason Co.	23	1%	42.1	56	1%	102.6	79	1%	144.7
Pacific Co.	12	0%	55.6	7	0%	---	19	0%	88.0
Skamania Co.	0	0%	---	2	0%	---	2	0%	---
Thurston Co.	60	1%	25.2	109	2%	45.8	169	2%	71.0
Wahkiakum Co.	1	0%	---	2	0%	---	3	0%	---
STATEWIDE TOTAL	4,256	100%	65.6	5,586	100%	86.1	9,842	100%	151.7

Table 6. AIDS Diagnoses and Deaths Attributed to HIV Disease

	Recent AIDS Diagnoses 2002-2006			Cumulative AIDS Diagnoses 1982-2007		Cumulative HIV Deaths 1982-2007	
	No.	%	Rate	No.	%	No.	%
Total	2,022	100%	6.5	12,105	100%	5,296	100%
Gender							
Male	1,707	84%	11.1	10,979	91%	4,958	94%
Female	315	16%	2.0	1,126	9%	338	6%
Age at AIDS diagnosis						Age at death	
< 20	10	0%	---	86	1%	57	1%
20 - 29	242	12%	5.7	1,997	16%	476	9%
30 - 39	777	38%	17.5	5,394	45%	2,194	41%
40 - 49	683	34%	13.9	3,291	27%	1,728	33%
50 - 59	246	12%	6.1	1,021	8%	636	12%
60+	64	3%	1.3	316	3%	205	4%
Race and Hispanic Origin							
White, non-Hispanic	1,292	64%	5.2	9,195	76%	4,363	82%
Black, non-Hispanic	351	17%	30.9	1,426	12%	470	9%
Hispanic (All Races)	219	11%	8.4	926	8%	262	5%
Asian / Pacific Islander	88	4%	4.3	264	2%	83	2%
Amer. Indian /Alaska Native	49	2%	10.4	224	2%	94	2%
Multi-race / Unknown	23	1%	---	70	1%	24	0%
Exposure category							
Male/Male Sex (MSM)	1,066	53%	---	7,882	65%	3,729	70%
Injecting Drug Use (IDU)	219	11%	---	1,105	9%	452	9%
MSM and IDU	193	10%	---	1,209	10%	562	11%
HR Heterosexual Contact	269	13%	---	879	7%	213	4%
Pediatric	1	0%	---	31	0%	14	0%
Transfusion / hemophiliac	12	1%	---	219	2%	124	2%
No Identified Risk/ Other	262	13%	---	780	6%	202	4%

ACKNOWLEDGEMENTS AND CONTACT INFORMATION

Our thanks to the medical providers who care for people with HIV/AIDS, to our local health jurisdiction partners, and to public health laboratories - all of whom work diligently to ensure the timely and complete reporting of cases. These data are used to support the allocation of HIV prevention and care resources, to conduct program planning and evaluation, and to educate a broad range of individuals about the state of the HIV epidemic in Washington.

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